

ATTACHMENT B

2010 Director's Creativity Showcase ART/CRAFT ENTRY

(Please print or type)

Artist's Name _____

Street Address (Do not use a PO Box) _____

City, State, Zip Code _____

Facility Name _____

Contact Person: Name & Phone No. w/ Area Code _____

Division pertaining to Artist – check one only.

(Artwork will **not** be divided into age groups)

☐ ADA ☐ CPS ☐ DD

Do you consider yourself a Professional Artist?

☐ Yes ☐ No

Title of Art _____

Do you wish to sell your entry?

☐ Yes ☐ No

If yes, at what price \$ _____

Please affix label to the back of the entry piece.

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Facility Name _____

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Division pertaining to Artist – check one only.

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☐ ADA ☐ CPS ☐ DD

Do you consider yourself a Professional Artist?

☐ Yes ☐ No

Title of Art _____

Does the artist want to sell his/her entry?

☐ Yes ☐ No

If yes, at what price \$ _____

Please affix label to the back of the entry piece.